Beth Israel Hospital Boston

Report 1992-93

The Cause Endures

As Beth Israel expands and changes, providing the finest patient care remains the cornerstone of our commitment to lifelong wellbeing.

Lifelong Wellbeing

A major focus of this year's Annual Report is women's health. In part this reflects a growing sensitivity to these concerns – indeed, it is a theme deserving even more prominence. In Beth Israel, as in many academic medical centers, it also derives from the growing number of women in medicine and in other roles of importance throughout the hospital, clearly a healthy trend in all respects. There is an even larger underlying issue, however, one that points the way to the philosophy that is emerging at Beth Israel and that will affect all hospitals, whether major academic institutions or community hospitals.

Yesterday our mission could be defined primarily as the care of the sick. Today, without one iota of decline in that intention or capability, the mission enlarges to encompass lifelong wellbeing, not only through the care of the patient, research and teaching, but through a growing commitment to the promotion of health and the prevention of illness. Our purview is extending beyond the walls of the hospital, beyond helping the sick to get well, to the focus on wellbeing throughout all of life.

"Our purview is extending beyond the walls of the hospital..."

Dr. Rabkin

True, this evolving vista partly reflects societal concern over the costs of health care, but it derives primarily from the obvious insight: Being healthy is better than being sick – with the highly desirable side effect of being less costly, too!

Therefore, even as we push forward with the sophisticated research techniques of molecular biology – working to pry out the basic secrets of cancer; harnessing the very substance of life by manipulating DNA to create our own "Trojan Horse" for a new attack on the virus of AIDS; manipulating minuscule devices of surpassing sophistication inside the smallest of arteries – we are working with equal diligence to help you avoid these technological wonders of modern medicine by being and staying well. It is no longer paradoxical that a hospital's prime mission should be to find ways of keeping us all out of the hospital.

It is a reasonable and appropriate responsibility, and not novel for us. Our traditions of warm and personalized patient care, of primary nursing, our focus on the patient's perception of care as a basic component of our criteria for success, the history of Beth Israel as the first hospital in the nation to issue a statement on the rights of patients – these and many other special qualities that characterize care at Beth Israel illustrate our concern with the person as well as with the illness. And now that concern enlarges to your lifelong health as well.

These are stressful times for hospitals, physicians, and all in health care. The press for "reform," occasioned by rising costs, will undoubtedly create some troubling times for those who deliver care and those who seek it, too. We anticipate that interim measures almost certain to be imposed by federal and state authorities will have an impact on all our missions – care, teaching, and research. Together, these have been the foundations of excellence at Beth Israel and indeed the basis of excellence in American medicine overall. Our focus on wellness, therefore, becomes twofold – first our responsibility to you as a patient or, better, as a healthy member of the Beth Israel community, and second, our responsibility to maintain a tradition of excellence in service and scholarship so that if and when you, your children or grandchildren should need our care, we shall be there with the finest technical capability combined with the warmest personalization to apply the very best knowledge and skill in order to restore your wellness...and do so with a judicious eye on costs! That is a big responsibility but it is our primary goal, and in this world of turbulent change, it endures as a constant challenge for the Beth Israel whose fundamental values and skills you and we know and support so deeply.

Mitchell T. Rabkin, MD
President

The Beth Israel Clinical Center Takes Shape

A model of The Clinical Center provides a look at things to come.

Breast Cancer: Complex Choices in New Terrain

Elaine Beilin found a lump in her breast in 1985. She was 36.

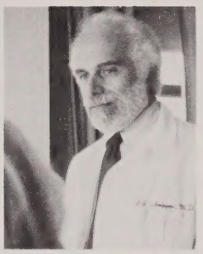
"I recall lying on my gurney after I'd had a biopsy. I'd looked my surgeon directly in the eyes when he approached me afterward. He said, 'Is your husband downstairs?' And I knew. Those words were a watershed moment in my life. It was the first time I recognized that I was not immortal."

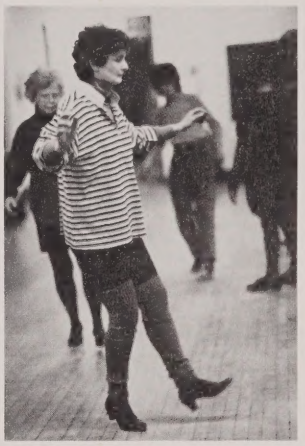
An estimated 180,000 women will be diagnosed with breast cancer in 1993 – the equivalent of one every three minutes. Like Beilin, the news will change their lives forever.

"Not a day goes by without my thinking about it. Still, I'm a living miracle. Thirty years ago, I'd have been a statistic."

Beilin was fortunate to have benefited from progress made possible by research studies conducted over the last few decades that compared new therapies to standard care.

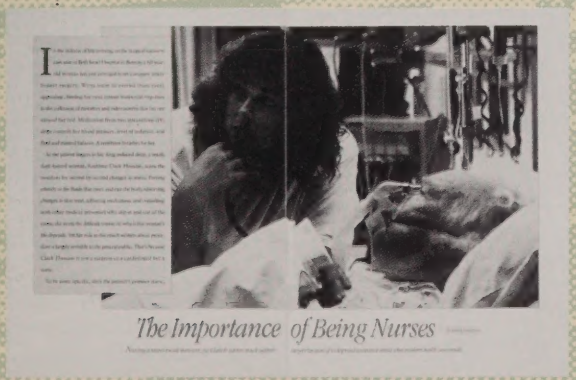
"The choice between mastectomy and lumpectomy [removal of only the malignant tumor] was very difficult for me. I remember being very upset and confused because then there wasn't as much popular guidance as there is now. My surgeon, Dr. Clint Koufman, recommended lumpectomy with radiation. I went for a second opinion elsewhere but found that even in 1985 there was some suspicion about lumpectomy. After further consultation with doctors at the Joint Center for Radiation Therapy, and my oncologist, Dr. Lowell Schnipper, I went ahead with the lumpectomy and believe it was the right decision."





Elaine Beilin is back on her tap-dancing feet with the help of Beth Israel physicians including oncologist Dr. Lowell Schnipper.

Primary Nursing in the News


The Importance of Being Nurses

The importance of primary nursing and several Beth Israel nurses were featured in ***Technology Review***.

Expanding Access to Mammography

Through sponsorship of a mobile van, Beth Israel provides no-cost mammograms to underserved women.

Recognizing that women with breast cancer today face more complex choices and a wider array of specialists, Beth Israel established the BreastCare Center to coordinate care and treatment more effectively. The center brings together a team of specialists who are known nationally and internationally for their contributions to medical and surgical oncology, pathology, plastic and reconstructive surgery, radiology, radiation oncology, nursing, and counseling. According to its codirectors, radiologist Dr. Janet Baum and surgeon Dr. Mary Jane Houlihan, the center's dual mission is to provide outstanding patient care – including expert diagnostic services, a wide range of treatment options, and careful follow-up – and to advance the field with landmark research.

A history of care

Beth Israel took the lead in developing alternatives to mastectomy during the mid-1970s. "The roots of this go back 20 years when Drs. Martin Levene, Samuel Hellman, and William Silen explored such alternatives," says Dr. Lowell Schnipper, chief of the division of oncology. Beth Israel radiation oncologist Dr. Jay Harris went on to study the causes of breast cancer recurrence following conservative therapy, and the use of radiation therapy in the management of the disease. He is the clinical and education director of the Joint Center for Radiation Therapy (JCRT), a consortium of five Harvard-affiliated hospitals that offers comprehensive services in radiation oncology.

Beth Israel surgeon-in-chief Dr. William Silen became one of the first and best-known surgeons in the US who regularly performed and promoted lumpectomy in the 1970s. According to oncologist Dr. Steven Come, women came from all over the Northeast because Beth Israel offered lumpectomy with radiation therapy when other places wouldn't. Randomized, carefully controlled research comparing the alternatives eventually confirmed that the breast-preserving treatment offers the same level of success as mastectomy.

Pathology's participation

In the last several years, research has branched out to study indicators of recurrence to determine which women benefit most from additional therapies, says Dr. Rosemary Duda, chief of the division of surgical oncology. One of the unique components of the BreastCare Center is the pathology department, where nationally renowned pathologists Drs. Stuart J. Schnitt and James L. Connolly make diagnoses, sort out low-risk patients, analyze prognostic factors, and help determine which patients would benefit from which therapeutic approaches.

Schnitt and Connolly are the pathologists on a four-year, multi-institutional study funded by the National Institutes of Health (NIH) to compare the effectiveness of new biopsy alternatives such as fine needle aspiration and stereotactic core biopsy.

BreastCare Center Centralizes Treatment

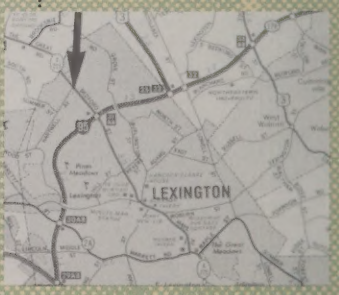
Codirectors Dr. Mary Jane Houlihan and Dr. Janet Baum lead the multidisciplinary effort to improve breast cancer treatment.

Beth Israel Named Among the Top Ten US Employers

THE 100 BEST COMPANIES TO WORK FOR IN AMERICA
GREAT NEW COMPANIES FOR THE '90S
ALL-NEW EDITION OF THE NATIONAL BESTSELLER
ROBERT LEVERING MILTON MOSKOWITZ

The recently published *The 100 Best Companies to Work for in America* named Beth Israel in its list of top ten companies in the US.

Expansion to Lexington



Beth Israel and Children's Hospitals form partnership to build an outpatient Medical Care Center in Lexington.

Diagnostic efforts

While the medical profession is getting better at diagnosing breast cancer, some cancers still go undetected because women are not taking advantage of mammography screening. "While not all cancers can be seen on a mammogram, early detection remains our best weapon in the fight against breast cancer," says Baum. After coming to Beth Israel for a regular mammogram, Betsy Avratin was referred to surgeon Dr. Peter Mowschenson, who suspected cancer. Despite the shock, Avratin was able to schedule appointments for a biopsy and lymph node surgery that same day.

A biopsy was performed, and Avratin was diagnosed with a malignant tumor. Tissue and nodes from her subsequent lumpectomy and lymph node surgery also were sent to the pathologists who found one of the 15 nodes gathered was positive.

"I chose to be in a protocol directed by Dr. Steven Come which includes both chemotherapy and radiation therapy, but they (randomly) chose the order of treatment. At the first chemotherapy treatment, I was very frightened. But the nurses were wonderful, and I was lucky – I never once got sick from it. I got jumpy, and I couldn't drive, but I never skipped a beat. My life went right on."

Betsy Avratin, shown shopping for her first granddaughter, benefited from combination therapy she received at the Joint Center for Radiation Therapy, of which radiation oncologist Dr. Jay Harris serves as the hospital's clinical director.

Medical options

The combinations and sequences of radiotherapy and chemotherapy – including hormone or immunotherapy – have added to the layers of complexity in deciding on treatment strategies. Physicians and patients often must work together to sort the available information and devise a sound treatment plan.

As surgeon Duda notes, "My role is to provide women with all the details they need to make an educated decision." She tells patients to go home, get all the information and second opinions they need, and come back with a list of questions and a friend or family member to help take notes. One of Duda's patients, Barbara Cole, 77, recalls her response to the diagnosis, which was found on a mammogram.

"I did a lot of reading. Dr. Duda was so patient with me – she listened to all my questions and the details of the information I had found, and addressed each issue. She inspired me with such confidence, because I saw that she knew what she was doing. I really trust her... And I respect her as a human being. When I was home recuperating from my lymph node surgery, she called on Christmas Eve to tell me my nodes were negative. She said she didn't want me to have to wait for the news."

Neonatal Intensive Care Unit Opens

A new 20-bed neonatal intensive care unit (NICU) provides care for critically ill babies.

PREPARE/21 in the News

Satellite pharmacy at Beth Israel – a work team's idea.

At Beth Israel, workers' ideas count for plenty

By Diane E. Lewis

When Beth Israel's president first heard about a management technique that values employees' opinions as much as the bottom line, he was skeptical – and amused.

Here was Mitchell Rabkin, head of a major non-profit hospital in Boston, considering a new management idea. Just seemed, well, a little trendy.

But after touring Herman Miller Inc., a fast-growing office furniture manufacturer in Zeeland, Mich., Rabkin saw the concept in action and became a convert. His hospital now uses the system, called "participative management." In it, all employees are asked to help come up with solutions to problems, and are rewarded for successful ideas.

The Boston Globe **highlights the success of participative management at Beth Israel.**

With an early diagnosis and frequent communication with surgeon Dr. Rosemary Duda, Barbara Cole looks forward to traveling around the world with her husband.

Elaine Beilin, an English and Shakespeare professor, says she responded to her diagnosis in a similar manner.

"I did what I've spent my life doing – reading. I wanted to find all the alternatives for breast cancer treatment. There was some information I didn't like very much, such as statistics about prognosis. Yet I was attracted to it like a moth to candle flame. Unfortunately, you don't know where you'll fall in the statistics, so I assume the best until something tells me otherwise."

Six years after her breast cancer diagnosis, Beilin learned she had ovarian cancer – a distinct primary cancer not related to her previous breast cancer, according to Schnipper, her oncologist. "Since it was an advanced stage, we suggested that she have standard chemotherapy followed by high-dose chemotherapy and autologous bone marrow transplantation, reinfusing her own bone marrow after infusion of the chemotherapy in order to protect bone marrow function. This is very similar to what we do for advanced breast cancer, but it was targeted toward her ovarian cancer," he says. "She had a magnificent response."

"It was quite terrifying, but I was glad to take the chemotherapy because it was something I could actively do about it.... You have to feel the fear. I felt as though I was in a small row boat with no oars, and going out to sea, with everyone looking at me along the shore. I had to become actively involved in the disease. I had to match the fear with a sense of my being a part of making it better."

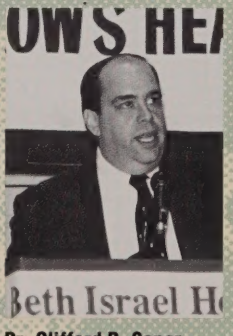
Advanced cancers still pose a major challenge. One obstacle to continued progress in clinical research is the question of who will pay for "experimental" treatment. Beth Israel is one of the centers of excellence for a national trial that randomizes women with 10 or more positive lymph nodes to receive either standard chemotherapy or standard chemotherapy followed by high-dose chemotherapy and autologous bone marrow transplantation. "This is really the first landmark effort wherein the National Cancer Institute and the health insurance industry will join hands to do a prospective clinical trial," says oncologist Come.

Research North Construction Underway

Acquisition of the Red Cross building paved the way for construction to begin on Research North.

Chiefs Appointed for Orthopedic Surgery and Neurology

The work of Dr. Stephen J. Lipson, who was named orthopedic surgeon-in-chief, was featured at Update IV, an annual hospital fundraising event held in Palm Beach, Florida.



Dr. Clifford B. Saper, who was appointed neurologist-in-chief, served as a keynote speaker at the hospital's Annual Meeting.

Is Mammography Effective?

Public confusion about mammography reached new heights this year upon the release of local and international studies undermining the effectiveness of the diagnostic imaging technique for breast cancer – particularly for women under the age of 50.

Mammography's reported shortcomings were described in a spate of news stories in the US, where there are no national standards for ensuring mammography quality and only half the units nationwide bear accreditation under the voluntary program of the American College of Radiology (ACR).

The results of one of the studies, conducted in Canada, have been questioned for a number of reasons, including some technical flaws. Experts explain that the research was executed with outdated equipment and inadequately trained technologists, and that the data was released too early.

The American Cancer Society recommends that all women have mammograms based on the following schedule:

A mammogram every one to two years for women between the ages of 40 and 49.

Annual mammograms after age 50.

Experts agree the fact remains that mammography, when it meets the strict criteria established for accreditation, is the foremost method for detecting breast cancer at an early stage. If women followed the American Cancer Society mammography screening guidelines (see box), breast cancer deaths would decline by an estimated 30 per cent. "On an average, mammograms pick up lesions three to four years before they can be detected clinically and are 90 per cent accurate," says radiologist Dr. Janet Baum, codirector of the Beth Israel BreastCare Center, where the mammogram facility has been accredited for two years.

"Inconsistent standards and methods for mammography can result in varying degrees of quality," Baum says, noting that women need to recognize this and ask the right questions when choosing a facility. For ACR accreditation, a facility must have equipment specially designed for mammography and test the equipment routinely for optimal functioning. Special x-ray film requiring less radiation should be used, and technologists and radiologists should be specially trained and registered. The facility also should perform enough mammograms yearly to ensure competency of all involved, including physicists who may monitor the equipment.

The Breast Imaging Unit of the Beth Israel BreastCare Center not only uses dedicated modern equipment but is involved in research of advanced screening techniques including magnetic resonance imaging (MRI) for women with breast implants or problems which can't be detected on a mammogram, ultrasound, and stereotactic image-guided biopsy.

Another potential obstacle is hesitation by women to participate. "When I try to discuss a clinical trial with patients," says Duda, "I tell them about the women who entered the randomized trials for lumpectomy versus mastectomy. These were the brave women who had the lumpectomy when we didn't know if it would work, and that turned out to be essentially the standard of care today."

Duda is coordinating Beth Israel's participation in the Breast Cancer Prevention Trial (BCPT) which will determine whether long-term tamoxifen therapy is effective in preventing breast cancer in women at increased risk for the disease. Previous studies have indicated that tamoxifen improves survival and reduces the risk of recurring breast cancer. "There are risks associated with this as with any drug, but tamoxifen is being prescribed for women who are at high risk without the benefit of a carefully controlled study."

Clinical Center Groundbreaking

Boston Redevelopment Authority Director Paul Barrett; Governor William F. Weld; Beth Israel President Dr. Mitchell T. Rabkin; Boston Mayor Raymond Flynn; Beth Israel Board Chairman Edward I. Rudman; and City Council President Albert "Dapper" O'Neil join in The Clinical Center's groundbreaking ceremony.

Best Doctors in Boston

Beth Israel topped *Boston Magazine*'s list of the best doctors in Boston – 21 of the 50 named were Beth Israel physicians.

When the Choice is Mastectomy

For any woman facing mastectomy, it is an intense time filled with deeply personal decisions. She typically experiences emotions connected with loss. She also may encounter confusion and concern about whether to have reconstructive surgery, and, if she chooses reconstruction, about the type and timing of the procedure.

"Beth Israel has built a reputation for performing immediate reconstruction at the time of mastectomy," says Dr. Robert Goldwyn, head of the division of plastic and reconstructive surgery. "Our patients prefer this option because by choosing to reconstruct at the time of surgery, they are recuperating from one longer operation instead of two separate ones."

The two major types of breast reconstruction surgery – implant (generally saline) and flap procedures – offer different alternatives for patients, says Goldwyn. "We use saline implants because of the cloud over the silicone gel implants that may or may not be founded in fact."

The US Food and Drug Administration (FDA) ruled last year that not enough research had been conducted on the safety of the silicone gel implant. Beth Israel has not used them since the ruling. The saline implant contains salt water, which is roughly the same consistency as fluids in the body, so no harm is caused if it leaks.

Implant procedures involve placing an implant or expander under the remaining chest wall muscles and skin. Flap procedures use muscles from the patient's back or abdomen to form a new breast. This can be done with or without the use of a saline implant.

Goldwyn notes that reconstruction is a "patient-centered operation" and no one method is better than the other. "The choice of immediate reconstruction is decided upon by the patient and surgeon. One method might be right for one patient, but not for another," he says. Plastic surgeon Dr. Sumner Slavin adds that each method has advantages and disadvantages which must be discussed thoroughly with the patient before a decision is made. "A patient can survive without reconstruction, but will the quality of life be better? That's difficult to say. You must listen to the patient and go from there."

Future research

While scientists are learning more each day about factors that predict recurrence, the ability to determine who should go on for more treatment is not clear. Researchers are looking for ways of determining more precisely what is causing recurrence – not to mention what is causing the cancer itself, since 80 per cent of all women diagnosed have no known risk factors. Genetic markers will most likely provide many of the answers, says Duda, who also is participating in the gene susceptibility project underway at the Massachusetts General Hospital. The project initially will involve creating a "library" of breast cancer-associated genetic changes to determine which genetic characteristics predispose women to the disease.

Schnipper notes that his division is focusing its basic science research programs on genes that are crucial for cell growth. "We are trying to understand how anticancer drugs that target such genes exert their effect, how resistance to these drugs develops, and how we can employ what we learn in the lab to increase the effectiveness of cancer drugs."

"It is important to emphasize that you don't necessarily always have to study breast cancer *per se* to shed light on the disease," adds Duda. "There is a tremendous amount of ongoing research in molecular biology, immunology, endocrinology, and other disciplines that will contribute to our knowledge of breast cancer. It may take money, but there are a lot of people committed to this field, and I am confident that science ultimately will provide simpler, safer, and more individualized treatment for most breast cancer patients."

Beth Israel Sponsors Breast Rally

More than 4,000 people attended the Massachusetts Breast Cancer Coalition Rally, sponsored in part by Beth Israel, to create awareness about the disease.

Breast Health Initiative

For years Beverly Herbert had a personal goal of speaking before an audience of 1,000 people. What she didn't expect, though, was that the hospital where she was treated for breast cancer four years ago would help her realize this dream.

Herbert "speaks" to nearly 115,000 people when the public service advertisement she appears in is broadcast on WBZ-TV4 each Saturday. This television message, together with similar ones from two other Beth Israel Hospital breast cancer patients – Mary Lou Greenhood and feminist leader Gloria Steinem – form the public education component of the Breast Health Initiative that Beth Israel launched in 1992.

"The Breast Health Initiative is a current example of the hospital's long-standing commitment to women's health," says David Dolins, executive vice president and director. "It was particularly pleasing for me to play a small part in the development of a program that emphasizes prevention and early detection, rather than the traditional 'caring and curing.'"

The effort was mounted in response to growing evidence that the incidence of breast cancer is increasing and in recognition of the fact that early detection is the best defense against the disease. In May, Massachusetts became the first state to declare breast cancer an epidemic. Current statistics indicate that one in eight women will get breast cancer in her lifetime. Surprisingly, fewer than one-third of American women follow recommended mammography guidelines.

Breast cancer has always been a priority to the hospital, and Beth Israel physicians have a distinguished history of diagnosis, treatment, and research in the field. In the mid-1970s Beth Israel physicians pioneered lumpectomy and radiation therapy as an alternative to mastectomy. Today, the hospital's BreastCare Center offers world-renowned experts in all fields associated with the disease. The Friends of Beth Israel have supported efforts in this area – their fundraising helped establish the BreastCare Center. Similar generosity from the Linsey, Ross, and Yaffe families made the new Breast Imaging Center possible.

The Breast Health Initiative is based on two thrusts: education and access. First, launch a broad public awareness campaign that educates women about the importance of mammograms; and second, identify and eliminate barriers that prevent women from having the simple x ray.

Herbert decided to take part in the effort for a couple of reasons. "Since my diagnosis I have been telling everybody I know to have mammograms. I even tell the men I know to make sure the women in their lives have them, because it should be a shared responsibility," she says. "This was an opportunity for larger exposure for my favorite message. And I was so pleased, overjoyed, and elated with the care that I received at Beth Israel that I wanted to give something back."

Education

"Since we don't know how to prevent breast cancer, the most important tool we have is early detection," says Dr. Janet Baum, codirector of the hospital's BreastCare Center. "Mammography, though not perfect, is our best way of detecting cancer early. Our goal is to make more people aware of how important it is," she says.

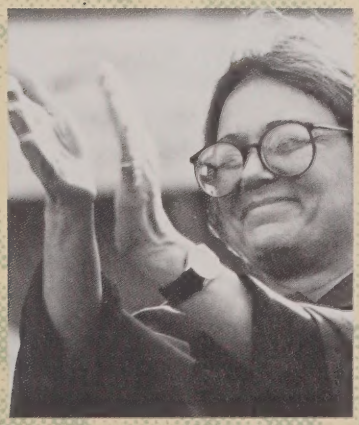
The patient testimonials constitute the core of the awareness effort. The television spots are broadcast at various times on WBZ-TV4; print versions appear in a variety of newspapers. These efforts are complemented by a variety of public events on breast cancer.

As part of National Breast Cancer Awareness Month in October, Beth Israel was a sponsor of the Massachusetts Breast Cancer Coalition March and Rally on Boston Common. The hospital arranged for Gloria Steinem, a former patient, to be a keynote speaker. The rally attracted more than 4,000 people.

Spreading the Word

Beth Israel launched a public awareness advertising campaign about the importance of mammography, featuring former patients.

Gloria Steinem Speaks Out on Breast Health



Beth Israel arranged for Gloria Steinem, a former patient, to serve as a keynote speaker at the Massachusetts Breast Cancer Coalition Rally, and to participate in a public service advertisement about the importance of mammography screening.

In December, Beth Israel and *The Boston Globe* cosponsored "Myths and Realities of Breast Cancer." The free presentation launched a three-part women's health discussion series jointly sponsored by the hospital and the newspaper. Keynote speaker Dr. Bernadine Healy, then director of the National Institutes of Health, and a panel of Beth Israel breast health experts answered questions from an audience of nearly 800 women. Loretta McLaughlin, *Globe* editorial page editor, moderated the event.

Access

Improving access and eliminating barriers required close collaboration on the part of clinical, administrative, technical, and support staff. Results included extending office hours into evenings and weekends; developing a simplified referral process; making free mammograms readily available for those who cannot pay; and above all, a renewed commitment to a consistent, patient-centered standard of care.

"It was truly gratifying to see so many very busy people contribute their time and support to craft this initiative," says Sandra Slarsky, director of marketing. "Their teamwork made the whole thing possible."

To improve access to mammography in some of the communities where it is most needed, Beth Israel partnered with four affiliated neighborhood health centers. The hospital sponsored a mobile mammography van that visited each center – Dimock, Roxbury Comprehensive, Fenway, and South Cove. The van, fully accredited by the American College of Radiology, provides mammograms at no cost to health center patients. Plans are now underway to bring the van to Brookline to serve a large elderly population.

Another important product of the Breast Health Initiative is the establishment of the Boston Community Health Collaborative – a partnership between Beth Israel and Fenway, Roxbury Comprehensive, Dimock, and South Cove community health centers. Designed to educate women about the risk of breast cancer and to ensure access to diagnostic, treatment, and support services, the group received a major grant in December from the Massachusetts Department of Public Health. The six-month grant, coordinated by Fenway Community Health Center, will underwrite outreach and treatment services including future van visits in Boston.

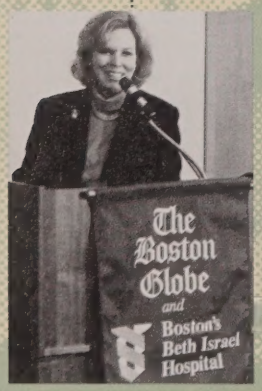
"Barriers to mammography and other health services can be unique to specific communities," says Ellen Greenblatt, associate director, clinical services. "The grant gives participants responsibility for the piece in which they are expert. Since the health centers know what works in their communities, they'll be responsible for education, outreach, and screening. As a major teaching hospital we'll handle the definitive diagnosis and treatment."

"I am most pleased by the opportunities for serving the community that the Breast Health Initiative has identified. We set out to increase awareness and to improve access, and the van, the grant, and the Beth Israel/*Boston Globe* discussion series have all emerged through our efforts," says Slarsky. "The synergy created by this initiative is tremendous, and everybody – patients, community, and hospital – benefits."

The initiative has been successful by any measure. Awareness is up, as evidenced by a nearly 30 per cent increase in mammograms and other breast diagnostic procedures at Beth Israel. Response to the television and print advertisements, more aggressive than any in the hospital's history, has been extremely positive. Plans for the next phase of the initiative are well underway.

Despite the success, however, those involved in the effort remain cautious. "When tackling a health issue this large, the work has only just begun. There's much more to do before we're done," says Baum.

Women's Health Series Launched



The first of a three-part women's health discussion series featured Dr. Bernadine Healy, former National Institutes of Health Director.

PBS Series Features Beth Israel Physicians

Drs. Thomas Delbanco (above) and David Eisenberg (right, center) recently were featured in a PBS series *Healing and the Mind*, hosted by Bill Moyers. The accompanying book topped best-seller lists from *The New York Times* to others across the country.

Beth Israel's Events of Note

Breaking Old Ground for a New Building

A groundbreaking ceremony attended by several hundred well-wishers marked the start of construction on the Beth Israel Clinical Center, a new state-of-the-art outpatient facility located at the former site of the Massachusetts College of Art. Highlights included a cement-signing ceremony and congratulations expressed by such dignitaries as Massachusetts Gov. William F. Weld, who added that the construction of this project will be a leading force in the state's economy; Boston Mayor Raymond Flynn, who praised Beth Israel's initiative in serving the community; and Boston City Council President Albert L. O'Neil, who noted that The Clinical Center's contribution will add to the overall quality of life in Boston.

Scheduled to open in 1995, the 385,000-square-foot, 12-story facility is the centerpiece of Project 2000 – a major construction and renovation program that will strengthen Beth Israel's reputation as a world-class provider of care in the most appropriate and "hassle-free" setting.

Most of the space will be devoted to multispecialty outpatient services and medical offices. "One of the goals of the center is to create systems that will provide for a consistency of service in outpatient care," explains Sandra Fenwick, vice president for clinical services planning and development, "as well as to strive to provide the 'ideal patient experience.'"

Continuing the Commitment to Research

Expanding the hospital's research base is a second component of Project 2000. In its search for critically needed research space, Beth Israel purchased the former Red Cross headquarters building, now named Research North. The site will be renovated for biomedical research and is a 3-story, 106,000-square-foot facility, scheduled for occupation in January 1994.

"Both The Clinical Center and new research facilities are essential for Beth Israel to continue practicing medicine in the 'BI way' – with an intense commitment to caring and compassion for our patients," says Dr. Mitchell T. Rabkin, president.

Neonatal Intensive Care Unit Opens

Beth Israel opened a 20-bed neonatal intensive care unit (NICU) to replace the existing 5-bed special care nursery. It is staffed around-the-clock by board-certified neonatologists and pediatricians who have received special training in newborn medicine.

"The NICU serves two very significant purposes," says Dr. DeWayne M. Pursley, director of newborn services. "First, it substantially reduces the number of critically ill newborns who have, in the past, required transfer to area NICUs, and second, it allows us to keep families together during this very stressful period."

Beth Israel and Children's Hospital in a New Partnership

In an innovative collaborative effort, the two Harvard teaching hospitals will be opening an outpatient Medical Care Center next to Route 128 in Lexington.

The partnership began last spring when Children's, which has operated an outpatient facility in Lexington since 1989, considered moving to a larger site that could accommodate ambulatory surgery. At the same time, Beth Israel was also interested in opening an outpatient center in the Lexington area to give patients direct access to the same quality of care available at the hospital. "Our surveys suggest that there are many people who find the trip into town too demanding for routine outpatient care, but who would love to connect with Beth Israel doctors," says Dr. Mitchell T. Rabkin, president. "The new Lexington partnership will offer these patients maximum convenience and maximum reassurance."

The 57,000-square-foot center will offer primary, specialty, and obstetric care for adults, specialty pediatric care, and day surgery for both children and adults. An imaging center that will provide radiologic, fluoroscopic, ultrasound, and mammography services will be included on the site, as well as physical therapy and clinical laboratory services.

The center, located at the corner of Hartwell Avenue and Bedford Street, is scheduled to open in the fall of 1993.

Community Outreach

Through sponsorship of the Family Van, Beth Israel helps to provide health care services to those who need it most.

Beth Israel Sponsors Television Health Program

Life Choices is a half-hour health and lifestyle program that airs locally on WBZ-TV4 on Saturday mornings. New to Boston and syndicated in 88 US and foreign television markets, Beth Israel is the program's sole health care sponsor in this region.

As sponsor, Beth Israel runs a series of 30- and 60-second public service advertisements over WBZ, the NBC affiliate in Boston. The first advertisements encourage women to have mammograms as part of the hospital's Breast Health Initiative.

Chiefs Appointed for Neurology and Orthopedic Surgery

Dr. Clifford B. Saper was appointed neurologist-in-chief at Beth Israel and James Jackson Putnam Professor of Neurology and Neuroscience at Harvard Medical School. Saper was previously with the University of Chicago, where he was the William D. Mabie Professor of Physiology, Neurobiology, and Neurology and Chairman of Neurobiology.

Saper's research interests include neurological pain, stroke, neuromuscular disorders, movement disorders such as Parkinson's disease, and degenerative neurological conditions such as Alzheimer's disease.

Dr. Stephen J. Lipson was named orthopedic surgeon-in-chief. He has been a distinguished orthopedic surgeon on the staffs of Brigham and Women's, Children's, and New England Baptist hospitals since 1979.

Lipson's clinical focus is disorders of the spine and adult spinal surgery. His research interests include laboratory modeling of degenerative spinal disease, cellular behavior of disc disease, long-term outcomes of advanced degenerative change in the lumbar spine, and cervical spine disease in rheumatoid arthritis.

Beth Israel Hospital in the News

Cited Among Best Places to Work

In the recently published book, *The 100 Best Companies to Work for in America* (Bantam Doubleday Dell Publishing, Inc.), Beth Israel was cited in the top 10 nationwide. The authors of the book, business journalists Robert Levering and Milton Moskowitz, interviewed thousands of workers – most in nonsupervisory positions – in hundreds of companies and asked them to rate their employers. They used six factors to evaluate the firms' pay/benefits; growth opportunities; job security; pride in work/company; openness/fairness; and camaraderie/friendliness.

In October, a *Working Mother* magazine survey ranking the nation's 100 best companies for working mothers cited Beth Israel, for the sixth consecutive year, for its national reputation of "treating women well and giving them opportunities to advance."

The survey based its rankings on job pay, advancement opportunities for women, disability policies, full- and part-time work programs, and support for child care or leave programs.

PBS Series on Alternative Medicine Features Beth Israel Physicians

His observations of alternative medical practices in China earned Beth Israel Hospital internist Dr. David Eisenberg national fame in February when he was featured with noted PBS television journalist Bill Moyers.

Eisenberg discussed the Chinese medical concept of "chi," the force of life, on the first of a five-part documentary series, *Healing and the Mind.*

Featured in Moyers' fourth segment, "The Art of Healing," was Dr. Thomas Delbanco, Beth Israel's director of the division of general medicine and primary care. Delbanco discussed his practice of a patient-centered approach to medical treatment, which actively involves patients in their own recovery.

In January, Eisenberg, Delbanco, and colleagues published the first major national study investigating the use of alternative medical therapies in the *New England Journal of Medicine*. The study, which received national attention, found that people use unconventional treatment far more frequently than previously thought.

National Recognition for PREPARE/21

For the second year, a Beth Israel Hospital PREPARE/21 team has been named among the best in the Rochester Institute of Technology (RIT)/*USA Today* Quality Cup Competition.

Beth Israel hematology laboratory technologists, led by laboratory medical director Dr. Justine Carr, were named among 5 finalists in the non-profit category from a total of 379 entries in the annual competition this April.

Last year, after winning the hospital's PREPARE/21 Overall Team Award, a CT scan, nursing, and transportation work team went on to become a finalist in the RIT/*USA Today* competition.

The RIT/*USA Today* award program is designed to recognize individuals and teams that make significant contributions to the improvement of quality in products or services in an organization.

Beth Israel Hospital's Primary Nursing Featured

Beth Israel Hospital was featured in an article titled "The Importance of Being Nurses" in the October issue of *Technology Review*, the journal of the Massachusetts Institute of Technology. In the article journalist Suzanne Gordon examines the nursing profession by interviewing and "shadowing" several Beth Israel primary care nurses.

Report to the Community

This past year has been full of many significant activities and achievements for Beth Israel. We've begun to lay the foundation for much-needed growth and expansion with the acquisition of the Massachusetts College of Art, the beginning of construction of The Clinical Center and Research North, and our partnership with Children's Hospital to open an outpatient medical care center in Lexington. In addition, we've set the stage for an ambitious capital campaign to help support our growth and development. All of this has been accomplished in a time of increasingly scarce resources and in an economically challenging environment that is scrutinizing health care costs as never before.

From new physical facilities to changes in our health care delivery system, Beth Israel is beginning to take on a new "look." And yet, we have not lost sight of what guided us to this point or what is the common bond for all of our efforts – to improve the health and wellbeing of those we serve, whether in affluent or underserved communities. Beth Israel has always been a good citizen, but now, perhaps more than in the past, we are broadening the scope of our efforts to reach out to those who can most benefit from our services.

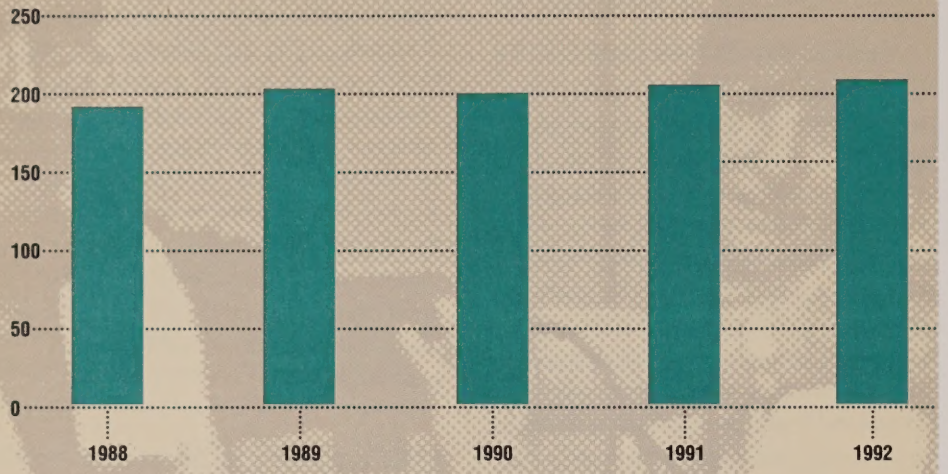
We have built on our strengths by proactively targeting initiatives to help improve access to health care and deliver those services closer to those who need them. Participation in programs such as the Family Van, a vehicle-based community health program delivering on-site care to inner-city residents, and expanding our partnerships with neighborhood health centers including Fenway, Roxbury Comprehensive, and Dimock and South Cove community health centers, brings care closer to those who need it most. In addition, the hospital is taking an active role in combating infant mortality through sponsorship of the High Risk Perinatal Collaboration Program that trains community-based registered nurses to identify and care for high-risk perinatal clients, and through the Healthy Moms Program that provides transportation to and from the hospital.

As this year's report documents, the Breast Health Initiative is just one example of Beth Israel's commitment to developing comprehensive health programs. Through public service advertisements, sponsorship of a mobile mammography van and new partnerships with community health centers to educate women about breast cancer and ensure access to diagnostic and treatment programs, the hospital has taken a leading role in reaching out to women. And yet we are keenly aware that these and many other efforts are attainable only if the hospital remains financially solvent. The health care landscape is being profoundly altered even before taking into account legislative actions in Washington. Senior management, the chiefs of services, and the trustees are working diligently to assure continued financial health of the institution in an environment where the pace of change is intensifying and accelerating.

As we look toward the future, we must continue to balance the very complex financial world with the hospital's mission of community service. Our ability to succeed on both these fronts rests on our ability to set priorities and strategically target our outreach initiatives with a front-end focus that permeates everything we do. I look forward to working with my fellow trustees, members of the hospital administration and staff, and members of the community in leading the effort to meet these challenges the Beth Israel way – with sensitivity, sensibility, and, perseverance.

Edward I. Rudman
Chairman, Board of Trustees

Total Outpatient Visits (in thousands)



Summary Statistics*

	1992	1991
Admissions		
Adult	**23,968**	23,169
Newborn	**5,675**	5,518
TOTAL ADMISSIONS	**29,643**	28,687

This represents patients who were admitted to the hospital for care.

Patient Days		
Adult	**142,248**	149,392
Newborn	**17,549**	17,642
TOTAL PATIENT DAYS	**159,797**	167,034

The total number of days all of our patients were hospitalized. Note that with more admissions in 1992, a decline in average length of stay led to fewer total days of hospitalization.

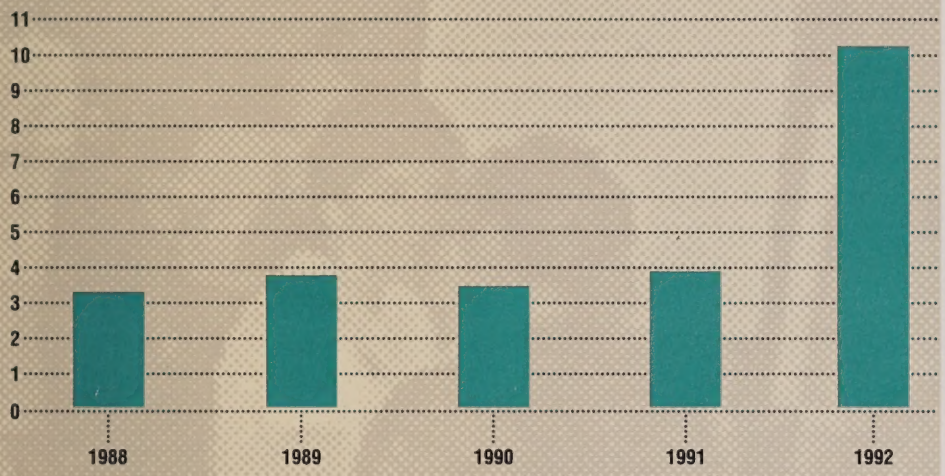
Number of Outpatient Visits		
Healthcare Associates, Women's Health Associates, Medical Walk-In Center	**65,512**	62,686
Specialty	**85,888**	86,489
Psychiatry	**29,651**	26,853
Emergency Unit	**36,786**	38,170
TOTAL OUTPATIENT VISITS	**217,837**	214,198

The number of patients who came to the hospital for outpatient care – in doctors' offices, for tests, or for procedures.

Number of Adult Beds Available	**493**	504
Number of Surgical Cases	**13,369**	12,862
Number of Deliveries	**5,456**	5,095

**For the fiscal years ended September 26, 1992, and September 28, 1991*

Total Restricted Gifts and Bequests (in $ millions)



Statement of Restricted Gifts and Bequests Received*

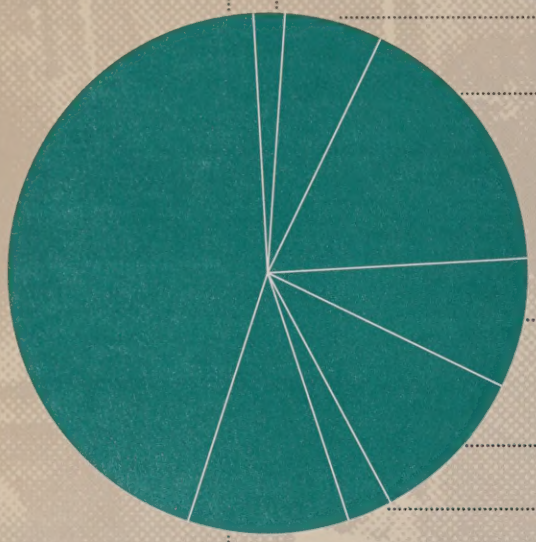
(in thousands)	**1992**	1991
Restricted Gifts and Bequests		
Endowment Funds	**$ 1,814**	$ 1,594
Plant Expansions and Development Funds New Pledges	**7,919**	1,790
Special Purpose Funds	**437**	448
TOTAL RESTRICTED GIFTS AND BEQUESTS	**$ 10,170**	$ 3,832

**For the fiscal years ended September 26, 1992, and September 28, 1991*

These are restricted funds donated to the capital needs of the hospital. The increase is due to funds donated to Project 2000, our major construction project now underway.

When a donor specifies a restriction to a gift, it is reported here and is then added to the principal amount in the appropriate category.

Total Expenses for Fiscal Year 1992


Salaries and Wages 44%
Energy Costs to Heat, Light, and Cool Facilities 2%
Free Care and Bad Debt 6%
Other 17%
Employee Benefit Expenses 8%
Asset Depreciation and Interest 10%
Drugs and Blood 3%
Supplies Used in Delivering Services 10%

Statement of Revenue and Expenses*

(in thousands)	**1992**	1991
Revenue from Services to Patients	**$ 290,587**	$ 262,795
Other Operating Income	**15,117**	15,746
Research Support from Grants and Contracts	**45,615**	39,799
TOTAL INCOME	**$ 351,319**	$ 318,340
Operating Expenses	**277,037**	253,865
Research Expenses	**45,612**	39,865
Free Care and Bad Debts	**25,793**	22,434
TOTAL EXPENSES	**$ 348,442**	$ 316,164
GAIN (OR LOSS) FROM OPERATIONS	**$ 2,877**	$ 2,176
Nonoperating Revenue		
Contributions from Combined Jewish Philanthropies	**100**	182
Endowment Fund Income	**1,240**	1,174
Annual Appeal	**1,057**	986
Friends of Beth Israel	**30**	30
Unrestricted Investments	**32**	24
Investment Income	**5,642**	5,085
TOTAL NONOPERATING REVENUE	**$ 8,101**	$ 7,481
EXCESS OF REVENUE OVER EXPENSES	**$ 10,978**	$ 9,657

**For the fiscal years ended September 26, 1992, and September 28, 1991*

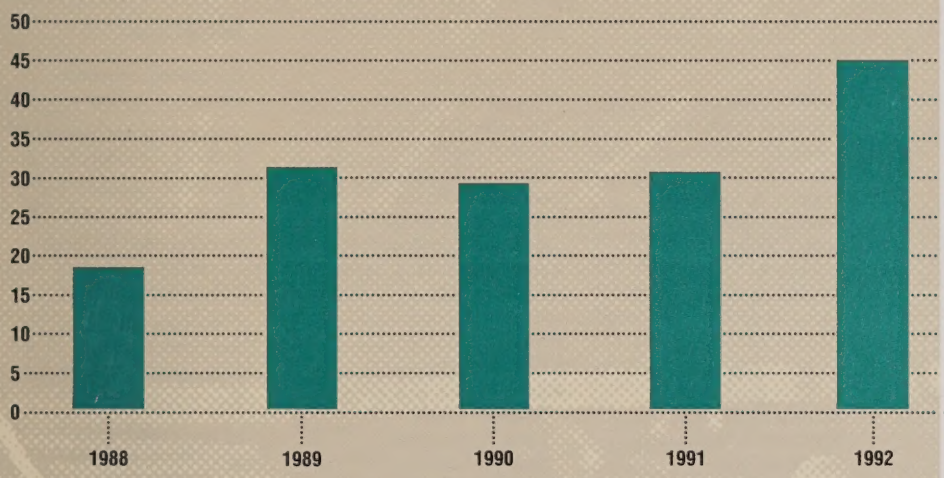
These amounts are awarded to the hospital to fund specific research efforts. Almost 50 per cent comes from the National Institutes of Health and the balance from private foundations, industry, and donors. More than 430 research projects were funded in 1992.

Also called uncompensated care, this represents the money not collected from patients because of their inability to pay (free care) or their unwillingness to pay (bad debts).

The gain or loss is the balance of money remaining after all expenses have been subtracted from total income. Profits are reinvested in the hospital, strengthening it for the future.

This category of income includes the support we receive from various donors plus the earnings on any invested funds.

Capital Expenditure (in $ millions)



Increase is due to three major renovation and construction projects as well as an overall increase in equipment purchases.

Consolidated Balance Sheet*

(in thousands)	**1992**	1991
Assets		
Cash and Other Investments		
Unrestricted	**$ 45,077**	$ 43,919
Accounts, Grants, and Pledges Receivable, Net	**102,435**	83,644
Held by Trustees	**254,651**	40,623
Restricted	**69,117**	59,634
Other Assets	**20,852**	18,726
Net Property, Plant, and Equipment	**198,109**	175,764
TOTAL ASSETS	**$ 690,241**	$ 422,310
Liabilities and Fund Balances		
Accounts Payable	**23,457**	21,493
Notes Payable	**5,062**	5,094
Accrued Liabilities	**14,546**	13,674
Other Liabilities	**48,533**	40,336
Bonds Payable HEFA	**378,482**	150,258
Fund Balances		
Unrestricted	**56,611**	53,481
Plant Fund	**65,341**	57,476
Special Purpose	**22,702**	20,366
Plant Expansion	**30,514**	20,899
Endowment	**44,993**	39,233
TOTAL FUND BALANCES	**$ 220,161**	$ 191,455
TOTAL LIABILITIES AND FUND BALANCES	**$ 690,241**	$ 422,310

**As of September 26, 1992, and September 28, 1991*

These dollars are currently due to be paid (by Medicare, Medicaid, insurance companies, health maintenance organizations, and individuals) for medical services already rendered. If we are not paid in a timely manner, the hospital must borrow money to cover its own costs.

The increase in funds held by Trustees is the result of cash received from our series G bond issue for upcoming construction.

This amount increased as a result of the debt incurred with the series G bond issue.

These amounts allow us to keep equipment and buildings current – investments in our future.

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